

STAFF TIME SHEET

For the Month _____, 20____

(1) Date	(2) Hours of Contract activities	(3) Other Hours Worked	(4) Total Hours Worked	(5) Description of Contract Activities
Total	hrs.	hrs.	hrs.	
% of Time	%	%	100%	

Approved by: _____

Name _____

DSS-2329 (Rev. 1/88)
Family Services

Position

INSTRUCTIONS-STAFF TIME SHEET (DSS-2329)

Rate Reimbursement Method: Complete columns (1), (2) and (5) only. Enter time only for those days on which work was performed under the contract.

Total Cost Reimbursement Method: Any employee of a provider agency, whether administrative, training or direct service delivery, who is budgeted for less than 100% of their time must keep a daily record of their time. Part-time or full-time staff who spend 100% of their time in the program under contract are not required to keep daily time records. One hundred percent of the time worked (including all overtime) must be accounted for in order to document costs assigned to the program. Time sheets are to be used by the provider agency to calculate the percent of time to be charged to the program under contract when making reimbursement requests. They are not to be submitted with the request for reimbursement but rather are to be retained by the agency and made available to monitoring staff as requested. At the end of each working day the employee should make the following entries on the form:

Column 1: Enter the day of the month.

Column 2: Enter the number of hours or portions of hours spent on activities as described in the purchase contract (include any overtime worked but subtract annual leave, sick leave and compensatory time).

Column 3: Enter the number of hours or portions of hours spent on other duties not related to the purchase contract (include any overtime worked but subtract annual leave, sick leave and compensatory time).

Column 4: Enter the total number of hours or portions of hours worked that day (Column 2 and Column 3 - this figure may be more or less than eight hours).

Column 5: Write a brief description of the activities relating to the contract only. More than one line may be used.

If an employee is taking annual leave, sick leave or compensatory time, enter a statement to that effect in Column 5 across from the date in Column 1. Make no entry in Columns 2, 3 or 4 unless time is worked on that date.

At the end of the month total Columns 2, 3 and 4 and enter at the bottom of the Page on the Total line. Compute the percentage by dividing the Column 2 Total by the Column 4 Total to determine the percent of time spent in activities relating to the contract and enter on the Percent of Time Spent line under Column 2. Divide the Column 3 Total by the Column 4 Total to compute the time spent in other activities and enter on the Percent of Time Spent under the Column 3.

Enter the name of the worker completing the form on the bottom right of each page. The last page of the form should be signed by someone in the agency with the authority to approve such documentation and who has knowledge of the worker's activities.

As an alternative to using this Time Sheet, the provider may use another documentation form which would be more compatible with the agency's record keeping system. Alternate forms used must include the information requested on form DSS-2329.